

# **Department of Public Health**

## **Functional Analysis & Records Disposition Authority**

**Revision  
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## Table of Contents

Functional and Organizational Analysis of the Department of Public Health .....	<a href="#"><u>1-1-1</u></a>
Sources of Information .....	<a href="#"><u>1-1-1</u></a>
Historical Context .....	<a href="#"><u>1-1-1</u></a>
Agency Organization .....	<a href="#"><u>1-1-2</u></a>
Agency Function and Subfunctions .....	<a href="#"><u>1-2-1</u></a>
Promulgating Health Care Standards .....	<a href="#"><u>1-2-1</u></a>
Enforcing Health Care Standards .....	<a href="#"><u>1-2-1</u></a>
Providing Health Care Services .....	<a href="#"><u>1-2-2</u></a>
Providing Public Health Information and Education .....	<a href="#"><u>1-2-2</u></a>
Filing Vital Records and Providing Health Statistics .....	<a href="#"><u>1-2-3</u></a>
Administering Internal Operations .....	<a href="#"><u>1-2-3</u></a>
 Analysis of Record Keeping System and Records Appraisal of the Department of	
Public Health .....	<a href="#"><u>2-1-1</u></a>
Agency Record Keeping System .....	<a href="#"><u>2-1-1</u></a>
Records Appraisal .....	<a href="#"><u>2-2-1</u></a>
Temporary Records .....	<a href="#"><u>2-2-1</u></a>
Permanent Records .....	<a href="#"><u>2-3-1</u></a>
Accessibility of Records .....	<a href="#"><u>2-3-12</u></a>
Permanent Records List .....	<a href="#"><u>2-4-1</u></a>
 Department of Public Health Records Disposition Authority .....	<a href="#"><u>3-1-1</u></a>
Explanation of Records Requirements .....	<a href="#"><u>3-1-1</u></a>
Records Disposition Requirements .....	<a href="#"><u>3-2-1</u></a>
Promulgating Health Care Standards .....	<a href="#"><u>3-2-1</u></a>
Enforcing Health Care Standards .....	<a href="#"><u>3-3-1</u></a>
Providing Health Care Services .....	<a href="#"><u>3-4-1</u></a>
Providing Public Health Information and Education .....	<a href="#"><u>3-5-1</u></a>
Filing Vital Records and Providing Health Statistics .....	<a href="#"><u>3-6-1</u></a>
Administering Internal Operations .....	<a href="#"><u>3-7-1</u></a>
Managing the Agency .....	<a href="#"><u>3-7-1</u></a>
Managing Finances .....	<a href="#"><u>3-8-1</u></a>
Managing Human Resources .....	<a href="#"><u>3-9-1</u></a>
Managing Properties, Facilities, and Resources .....	<a href="#"><u>3-10-1</u></a>
Requirement and Recommendations for Implementing the Records Disposition	
Authorities .....	<a href="#"><u>3-11-1</u></a>

# Functional and Organizational Analysis of the Department of Public Health

## Sources of Information

Representatives of the Department of Public Health

Code of Alabama 1975, Section 9-2-126; Sections 16-1-16.1 and 16-30-1; Sections 22-1-1 through 22-2-14; Section 22-9A-1 through 28; Section 22-21-310 through 359; and, Section 41-22-1 through 41-22-27

Code of Alabama 1940, Sections 22-1-1 through 140

Code of Alabama 1907, Sections 22-1-698 through 733

Code of Alabama 1876, Chapter 4, Sections 1528 through 1543

Acts of Alabama, No. 34 (1874-1875), No. 92-658 (1992), and No. 97-893 (1997)

Alabama Administrative Code (AAC) Chapter 420-1 through 420-10

Alabama Government Manual (1994)

Code of Federal Regulations (CFR) 21 Parts 1-1270; and, 42 Parts 2-494

Department of Public Health Annual Report (1996)

Department of Public Health Annual Report (1995)

Department of Public Health Annual Report (1994)

Comprehensive Health Record Manual, 1997

Transactions of the Alabama State Medical Association, Annual Sessions of 1872 and 1874

Williams v. Madison County Board of Health, 523 So. 2d 453 (Ala. Civ. App. 1988)

Parke et al. v. Bradley, State Treasurer, et al., 204 Ala. 455 86 So. 28 (1920)

Guide to the Retention of Records, Alabama Hospital Association

Records Disposition Authority of the Jefferson County Department of Public Health, 04/1997

Holdings of the Department of Archives and History for the State Board of Health and the Department of Public Health

Government Records Division, State Agency Files (1985-ongoing)

Government Records Division, Control Files (1985-ongoing)

Government Records Division, Alabama. Department of Public Health. Agency History Record. (1986)

## Historical Context

Prior to the 1875 creation of the State Board of Health, the Alabama State Medical Association and each of the county medical societies monitored the incidence of disease, researched the cause and effect of illness and disease on the people of the state, and established qualifications for medical practice within the state. In 1869, the creation of state boards of health in Massachusetts and California established the authority of the state to take care of the public health and to investigate the causes of epidemic and disease. At the 1872 meeting of the Alabama State Medical Association, Dr. Jerome Cochran submitted a plan for the organization of a state board of health in Alabama. The association adopted the plan at its 1873 annual meeting and presented

draft legislation during the 1874-1875 session of the legislature. This legislation established a State Board of Health and authorized the creation of boards of health in each county. Alabama was the first state to organize a basic county health department in each of its sixty-seven counties. This process was completed in late 1937. Alabama created the office of state health officer in 1877 to exercise general supervision over the county boards of health. The first state health officer took office in 1879.

## **Agency Organization**

The organizational structure of the Alabama Department of Public Health is as follows: the State Board of Health, the Committee of Public Health, the State Health Officer, and the Department of Public Health. The State Board of Health supervises the enforcement of health laws. Below it is the Committee of Public Health that may act for the board and elects the state health officer. The state health officer is the executive officer of the Department of Public Health. Below is a discussion of the duties and powers of each these entities.

**State Board of Health:** The State Board of Health, created in 1875, exercises general control over the enforcement of public health laws. The board acts as an advisory board to the state in all medical matters and matters of sanitation and public health, and it assists and advises all county boards of health, health officers, and quarantine officers. The board adopts and promulgates rules and regulations for administering health and quarantine laws. The State Board of Health prescribes the content for reporting vital events and for transporting dead bodies through the state. The board is empowered to collect information on certain diagnosed diseases of public health significance and to act accordingly to prevent or limit their spread in the community. The composition of the State Board of Health consists of the Board of the Medical Association of the State of Alabama that serves in *ex officio* status. The board meets annually.

**State Committee of Public Health:** The State Committee of Public Health is composed of twelve members of the Medical Association of the State of Alabama and the chairpersons of four councils created by statute in 1973. These are the Council on Dental Health, Council on Animal and Environmental Health, Council on Prevention of Disease and Medical Care, and the Council on Health Costs, Administration, and Organization. The State Committee of Public Health, which meets monthly between the annual meetings of the Board, acts for the State Board of Health when it is not in session and has all the powers and duties of the State Board of Health.

**State Health Officer:** The state health officer, whom the State Committee of Public Health elects, serves as executive officer of the Department of Public Health. The State Committee of Public Health determines the authority and duties of the state health officer, subject to any regulations prescribed by the Alabama Legislature. The state health officer executes laws, policies, rules, and regulations concerning public health, exercises certain supervision over county and municipal health organizations, and is required to keep informed as to public health conditions throughout the state. The state health officer informs the governor concerning state health conditions, particularly the status of infectious and contagious diseases. As chief

administrative officer of the Department of Public Health, the state health officer hires all necessary departmental personnel, sets salaries subject to the approval of the State Personnel Board, and issues or provides for issuing permits required by establishments open to public use.

The state health officer serves as a member of the Alabama Council on Family and Children (Code of Alabama 1975, Section 16-1-16.1); the Public Health Care Finance Authority (Code of Alabama 1975, Section 22-21-310 through 359); the Statewide Health Coordinating Council (Code of Alabama 1975, Section 22-4-7); the Child Death Review Board (Acts of Alabama No. 97-893); the Children's Health Insurance Commission (SJR 14, 1997); and, the Youth Services Board (Code of Alabama 1975, Section 44-1-51). The state health officer also serves as a member of the Public Health Finance Authority (Code of Alabama 1975, Section 22-3A-6), which has never met.

**Department of Public Health:** The Department of Public Health executes public health policy for the state as determined by the State Board of Health and Committee of Public Health and as authorized by law. In all actions the department acts in the name of the State Board of Health and the Committee of Public Health (Code of Alabama 1975, Section 22-1-2). The department investigates the effect of communicable debilitating diseases; issues policies and procedures to be used to limit and/or eradicate illnesses in the citizens of this state; investigates all places, institutions, establishments, and other public centers and prescribes the methods to correct any conditions prejudicial to health; provides health care services to the citizens of the state; and, registers all births, deaths, marriages, and divorces.

Currently, the Department of Public Health is organized into fifteen bureaus and offices. The Bureau of Clinical Laboratories operates five off-site labs around the state to assist with work loads. Eleven public health areas supervise and coordinate the work of sixty-seven county health departments where staff provides a variety of health services directly to the public. Each public health area reports to an area health officer or administrator who reports to the state health officer. Each county health department maintains a minimum of one office in the county that the county commission provides. The organizational structures of the county health departments vary from county to county according to the number of clients served and the complexity of programs. The county health departments are under the general control and supervision of the county boards of health. Members of the boards are physicians chosen by the county medical societies of their respective counties. The presiding officers of each county commission are also members of the boards in their county. County health officers, elected by the board and subject to the approval of the Committee of Public Health, direct the work of the county health departments. The county health officer works under the direction of the state health officer and the county board of health and has "sole direction of all sanitary and public health work within the county" (Code of Alabama 1975, Section 22-3-4). An agency organizational chart is attached.

## Agency Function and Subfunctions

The mandated function of the Department of Public Health is to exercise general control over the enforcement of public health laws, and to perform the direct service of providing medical services to those who are unable to receive medical treatment through private channels. The Department of Public Health is one of the agencies responsible for carrying out the Policy and Statute Development function, the Regulatory function, and the Client Services function of Alabama government. In performance of its mandated functions, the Department of Public Health may engage in the following subfunctions.

- **Promulgating Health Care Standards.** To satisfy the mandate and function of the department, policies, rules, and regulations are developed to establish standards of health practice in the state. These standards govern the activities carried out in both the ‘providing health care services’ and ‘providing environmental services’ subfunctions found below. Policies, rules, and regulations are prepared and issued via a rule-making process (AAC 420-1-2). The State Board of Health reviews and approves all policies, rules, and regulations prior to their issuance. They may be proposed to the State Board of Health by one of two methods: proposal by any interested individual; or, proposal by a member of the State Board of Health, the state health officer, or any legislatively created council or board dealing with public health. Interested citizens must submit a rule-making petition to the Office of General Counsel. Staff within the office responsible for the subject matter of the petition reviews it and can make recommendations to the state health officer regarding the proposed rule. The petition is then submitted to the State Board of Health and either granted or denied within sixty (60) days following its submission. Agency staff often drafts policies and rules. In this instance, a work plan stating the need for the development of a rule and a target date for issuing the rule is presented to the Office of General Counsel. Public notice of the proposed rule appears in the Alabama Administrative Monthly. The department reviews written comments about the ruling and, if necessary, holds a public hearing. The State Board of Health will then adopt, amend, or reject the rule. The State Board of Health may issue emergency rules in the event of an immediate danger to the public health, safety or welfare. Emergency rules are valid for 120 days.
- **Enforcing Health Care Standards.** Activities include inspecting, investigating, testing, issuing permits, certifying, licensing, and issuing warnings and citations. The department ensures, through its activities of licensing and certifying, that the services of health care facilities are provided in a manner consistent with standards that ensure access to and quality of health care. Under the direction of the state health officer, the department inspects and/or investigates possible hazards to the public health in the state. Often the potential hazard comes to the attention of the department through a citizen’s complaint. If unsanitary conditions that are detrimental to the health of the people of the county or the state are found, the department may compel their removal or abatement. On a routine basis, employees of the department inspect public establishments such as

restaurants, school cafeterias, retail food stores, day care centers, hotels, jails, camps, public swimming pools, frozen dessert machines, food processing plants, etc., to make sure that unsanitary conditions do not endanger the public health. The department also issues inspection permits for sanitary conditions to food and hotel operations, camps, dumps, sewage disposal systems, and wells. Employees inspect and test water systems for chemical and bacterial content; buildings for asbestos, lead-based paints, and other contaminants; and x-ray equipment and radioactive materials for possible leaks and exposure levels.

- **Providing Health Care Services.** Key to the department's function is the provision of health care services to the citizenry of Alabama. Many of these services are provided locally through clinics operated by the sixty-seven (67) county health departments. Health care activities performed by the department include cancer detection, newborn testing, child wellness and early health screening, family planning, adult day care, dental care, school health services, home health services, hypertension screening, immunizing, maternity care, supplementing nutrition for low-income women and infants, social work services, providing medication for individuals with tuberculosis and HIV/AIDS, testing for tuberculosis and sexually transmitted diseases (STDs) including HIV/AIDS, and tracking the progress of individuals who test positive. In the case of STDs, department staff makes contact with individuals with whom infected persons may have had sexual contact in an attempt to limit the spread of the disease. Populations of animals, birds, and certain insects that may constitute a public health menace are also monitored and controlled. The department sponsors community clinics to provide rabies vaccinations for dogs; spraying for mosquitoes; and health screening of foreign refugees. If an outbreak of illness occurs because of food contamination, the department collects samples and other information that can be used to limit further spread of the illness. Assistance is given on issues involving human exposure to chemicals and hazardous waste sites. Fish consumption advisories, public health assessments, site reviews and updates, and health consultations are some of the other ways the department provides assistance.
- **Providing Public Health Information and Education.** Advances in health care and treatment have resulted in a gradual shift in emphasis within the Department of Public Health from providing client services to preventing and promoting health care concerns. Individual counseling is offered in connection with dental health, family planning, HIV/AIDS and other sexually transmitted diseases, cancer, child health, hypertension, and nutrition services. Staff also works to educate groups such as teenagers and young mothers in the community and to promote good health practices for all community members through outreach and training activities, public awareness events, and use of local media. Annual reports, quarterly newsletters, posters, flyers, news releases, video teleconferences, training, and data collection are some of the variety of ways the department highlights disease prevention topics and seeks to inform citizens about the benefits of a healthy lifestyle. At the request of citizens and following state

laws regarding access to public records, the department provides access to vital and other records in its custody.

- **Filing Vital Records and Providing Health Statistics.** The department is responsible for registering and preserving certain records of vital events that occur in the state and for providing access to certified copies. Birth, death, marriage, and divorce information is transmitted to the main office of the department and maintained in paper, microfilm, and electronic formats. The county health departments forward requests from the public for certified copies of the certificates via the department's Vital Statistics Image Oriented Network (ViSION). Statistical information concerning births, deaths, marriages, and divorces for the state is analyzed; and annual publications relating to mortality, teenage births, infant deaths, perinatal statistics, marriage and divorce statistics, and other health-related data by geographical areas are produced and utilized by the department in program planning and goal setting. Special requests for vital and health-related statistics are prepared in response to inquiries by the public, news media, and government or private agencies. Vital events data is transmitted to the National Center for Health Statistics and other federal agencies for inclusion with national data.
- **Administering Internal Operations.** A significant portion of the commission's work includes general administrative, financial and personnel activities performed to support the programmatic areas of the agency including:

**Managing the Agency:** Activities include internal office management activities common to most government agencies such as corresponding and communicating; scheduling; meeting; documenting policy and procedures; reporting; litigating; drafting, promoting, or tracking legislation; publicizing and providing information; managing records, and managing information systems and technology.

**Managing Finances:** Activities involved in managing finances may include the following: budgeting (preparing and reviewing the budget package, submitting the budget package to the Department of Finance, and documenting amendments and performance of the budget); purchasing (requisitioning and purchasing supplies and equipment, receipting and invoicing for goods, and authorizing payment for products received); accounting for the expenditure, encumbrance, disbursement, and reconciliation of funds within the agency's budget through a uniform system of accounting and reporting; authorizing travel; contracting with companies or individuals; bidding for products and services; and assisting in the audit process.

**Managing Human Resources:** Activities involved in managing human resources may include the following: recruiting and hiring eligible individuals to fill vacant positions within the agency; providing compensation and benefits to employees; supervising employees (evaluating performance, disciplining, granting leave, and monitoring the accumulation of leave); and providing training and continuing education for employees.



**Managing Properties, Facilities, and Resources:** Activities involved in managing properties, facilities, and resources may include the following: inventorying and accounting for non-consumable property and reporting property information to the appropriate authority; constructing buildings and facilities; leasing and/or renting offices or facilities; providing for security and/or insurance for property; and assigning, inspecting, and maintaining agency property, including vehicles.

# **Analysis of Record Keeping System and Records Appraisal of the Department of Public Health**

## **Agency Record Keeping System**

The Department of Public Health operates a hybrid record keeping system composed of a local area network (LAN) on which the state's mainframe serves as one of the department's servers, a wide area network (WAN) connecting all of the county health departments, paper-based record keeping, and micrographics.

**Paper-Based Systems:** Most of the departmental records continue to be maintained in paper form. Duplication of records is perhaps the major cause of the volume of paper within the department. The departmental records management program operates out of the Office of Professional and Support Services. The department is currently a State Records Center customer, however, it is in the initial planning stages for constructing its own combination mail service and records center facility. The department does not include paper records management instructions in its procedures manuals.

**Computer Systems:** The current information systems environment at the department is a combination of a client/server and mainframe operation. The department uses the State Data Center's IBM mainframe as the central repository for information generated and stored by many functional areas of the department. Some of the systems hosted on the mainframe include: the Local Government Financial System (LGFS), the Government Human Resources System (GHRIS), Family Health Services Clinical activity and billing, Home and Community Services Billing, and vital records data. The department's central office, in Montgomery, is networked to the campus ring and the state mainframe. A midrange computer, the AS/400, is in the central office. It serves as host to the Vital Statistics Image Oriented Network (ViSION) and controls mainframe printing of reports and remote job entry. In addition to the AS/400, numerous servers provide print serving, data serving, and application serving to the department.

Within the central office, most personal computers are networked via a collapsed backbone network to the computer operations facility. The department is currently connecting all area and county offices (over 100 sites) to the frame relay network managed by the Department of Finance, Information Services Division, providing 56 Kbps. In eighty-nine (89) county sites, the Alabama Clinic Level Automation System (ALACLAS) resides on local area networks. Fifty-five (55) county home health units have IBM AS/400 computers installed supporting home health billing operations. Finally, numerous stand-alone personal computers (PC) are used throughout the department to assist personnel in performing word processing, accounting, and office management functions.

For the past fifteen years, COBOL, RPG, and EXtrieve language software have been used to develop in-house applications and retrieve special reports from files. During 1997, the

department adopted and began implementing applications using Powerbuilder for the graphical user interface for client server applications. The department has chosen Lotus Smartsuite as the standard office suite of software and Lotus Notes as the standard groupware/E-mail package. Current systems use the VSAM file management system, sequential files on the mainframe, and Btrieve on the PCS. On the AS/400, the database management system provided by IBM is used. During the past year, the department selected and is implementing Oracle as the standard client server relational database.

The department uses the following third-party systems: LGFS, GHRS, Home Care Information System (HCIS), Cancer Registry, Medical Indexing Classification and Retrieval System (MICAR), Emergency Medical Services System, Electronic Birth Certificate System, Pregnancy Risk Assessment Monitoring System (PRAMS), Minimum Data Set (MDS)(provided by HCFA), and several CDC packages. In addition, the department developed the following systems and they are in production use: Alabama Clinic Level Automation System (ALACLAS); Third Party Billing System; Home Health Billing System; Vital Statistics Image Oriented Network (ViSION); Family Health System; Women, Infants, and Children (WIC) System; Cost Accounting System; Licensure and Certification System; Office of Program Integrity System; and, Statewide Immunization Information System (SIIS).

A complete system backup occurs weekly and is stored off-site. The agency uses 8mm and 4mm tapes to store the system backup. A periodic incremental optical backup of new input occurs for the ViSION system. The AS/400 is backed up daily.

The department maintains a web site managed by an outside vendor at [www.alapubhealth.org](http://www.alapubhealth.org). Public health areas and county health departments maintaining web sites include: Area II (<http://dec.tis.net/~dwnelson/>), Montgomery County Health Department (<http://www.alapubhealth.org/montgomery/>), and Huntsville-Madison County Health Department (<http://www.hsv.tis.net/~mchd>). Private vendors maintain three of the web sites. In the case of the Public Health Area II web site, the ADtronics Group has copyrighted the site. The Montgomery County Health Department web site runs as an extension of the department web site. Mindspring maintains the department's web site and provides use statistics to the department webmaster. The webmaster conducts a periodic backup of the department web site on a Jazz drive.

Micrographics: The department operates an in-house microfilming unit as part of the Center for Health Statistics. This unit films financial and vital events records, while tuberculosis records are filmed by an outside vendor. Some copies of microfilm are stored at the Jefferson County Health Department, but most are stored at the central office in an air-conditioned room. The department utilizes a Kodak M70 microimager, and a Kodak imagelink Scanner/Microimager 990S. A commercial vendor, Alabama Diversified Health Services, currently provides film processing services. The department is a customer of the State Micrographics Preservation and Security Vault.

Other technologies: The department, primarily the Center for Health Statistics, utilizes digital imaging as a records storage media. The Vital Statistics Image Oriented Network (ViSION) utilizes 5 1/4 inch optical disks to store vital events data for the state. Three jukeboxes maintain the disks. A disk pack in each jukebox writes information to a disk. Once a disk is full, it is backed up and stored off-site. The jukeboxes are networked via 3995 connections to an AS400 server running IBM Image Plus imaging software. An in-house developed relational database provides the indexing for the images. Scanned images are stored on the AS400 and batch written to optical storage overnight.

## Records Appraisal

The following is a discussion of the two major categories of records created and/or maintained by the Department of Public Health: Temporary Records and Permanent Records.

**I. Temporary Records.** Temporary records should be held for what is considered their active life and disposed of once their fiscal, legal, and administrative requirements have been met.

Some of the temporary records created by the county offices and central office are discussed below:

- **Patient Encounter Forms.** The clinical areas of the county health departments utilize four types of patient encounter forms: family health, WIC, immunization, and disease control. These forms record each 'encounter' with a health department client and the services received for billing purposes. The home health encounter form serves a different purpose in that it tracks the employee's mileage, cost codes, patient case load, supplies, type of visit, and the payment source. It serves as a financial record tracking cost accounting and travel rather than documenting clinical services received.
- **Patient Medical Records.** Over a period of years, the patient medical record within the county health departments has grown and changed. Categorical patient program records were utilized at a time when each clinic operation had its own record area. An individual receiving multiple clinical services from the county would have multiple service records (examples: family planning, maternal health assistance, sexually-transmitted disease treatment, nutrition counseling, cancer detection, immunization, tuberculosis prevention, and hypertension). The Unified Medical Record (UMR), as implemented in 1983, combined these various service records into one case file from which a patient's case history could be studied. The UMR utilized almost one hundred forms to document patient care. In 1996, to control the size of the patient case files, the Comprehensive Health Record (CHR) was instituted. It combines similar information onto a limited number of forms (currently twenty-one forms). Information in the CHR is largely duplicated within the ALACLAS system that utilizes the CHR forms as input documents.
- **A-3s and Day Sheets.** The A-3 report provides a summary of services provided for the entire month by one county health department. The A-3 includes only those services not reported on the patient encounter form. The day sheet provides details of services performed and fees paid. The day sheets are balanced and closed out on a daily basis. The monthly recap of the day sheets summarizes the fee collections for the month and is sent to the central office. The A-3 report is sent to the central office for cost accounting purposes. Monthly and yearly statistics are pulled from these records. Copies of these forms remain at the county level for audit and reference purposes.
- **Alabama Clinic Level Automation System.** The Alabama Clinic Level Automation

System (ALACLAS) is available to most county sites through LANs connected to the departmental WAN. The system facilitates the work of clinical staff by tracking all clinical services documented in the Complete Health Record (CHR) and its supporting financial documentation. Functional areas of the system include: patient encounter, registration, appointments, temporary service, registration, and reporting. Primary input data include the patient encounter forms, CHR forms (CHR 1-21 currently), and immunization records. The ALACLAS was first installed in 1989. The Computer Systems Center developed the ALACLAS in-house and is currently reviewing the system for needed changes.

- **Home Care Information System.** The Home Care Information System (HCIS) is available to most county sites through the departmental WAN. The system facilitates home health services by providing a complete case history of a participant. Functional areas of the system include: admissions, discharges, master file maintenance, charge entry posting, payment entry posting, patient billing, financial reporting, management statistical reporting, plans of treatment/patient medication, and change agency processing. Primary input data include the home health encounter form and the home health program case file. Information is uploaded to the central office for third-party billing purposes where it enters the Home Health Billing System and the Third Party Billing System.
- **Pregnancy Risk Assessment Monitoring System.** The Center for Health Statistics maintains the Pregnancy Risk Assessment Monitoring System (PRAMS). The system produces pregnancy risk assessment statistics using survey information from new mothers (women who have recently given birth).

**II. Permanent Records.** The Government Records Division recommends the following records as permanent.

The permanent records of the department form two areas of core documentation--administrative and research. The core administrative documentation of the department documents the policies, rules, and procedures the department enforces to protect the health of Alabama's citizens. The core research documentation provides valuable statistical information on the occurrence of disease and vital events and detailed information in the areas of STDs and contagious diseases. The discussion of the permanent records is divided according to the two separate geographical locations: the central office and the county offices.

**A. Central Office--Montgomery.**

**Promulgating Health Care Standards:**

- **Alabama Cancer Registry Act, Rules and Regulations.** These records provide information on the organization, establishment, and maintenance of the Alabama Cancer Registry and the Statewide Cancer Registry Advisory Council. These records are part of the core administrative documentation of the department as represented by its policies, procedures, and minutes of the State Board of Health and the Committee of Public Health.
- **Policy Clearinghouse Records.** These records provide a complete history file of the policies issued by the state health officer, the board, the committee, and the department. They provide part of the core administrative documentation of the department as represented by its policies, procedures, and minutes of the State Board of Health and the Committee of Public Health.
- **Clinic Variance Requests.** These records provide a complete history of clinical variances from rule enforcement. The requests provide information on why the clinic is requesting a waiver for compliance with departmental policy. They are part of the core administrative documentation of the department as represented by its policies, procedures, and minutes of the State Board of Health and the Committee of Public Health.
- **Manuals for Use of Encounter Forms, Unified Medical Records, and Comprehensive Health Records.** These manuals document the procedures and policies of the department with regard to the completion of encounter forms, the unified medical record, and the UMRs replacement, the comprehensive health record. The encounter form is the primary data collection tool of the department for public health services. It is used in both billing and statistical data collection for patient services. These records are part of the core administrative documentation of the department as represented by its policies, procedures, and minutes of the State Board of Health and the Committee of

## Public Health.

- **Encounter Form Revisions.** These records document changes made to the encounter form. They serve as history files for the development and implementation of the primary data collection tool of the department for health care services. The encounter form is used in both billing and statistical data collection for patient services. These records are part of the core administrative documentation of the department as represented by the policies, procedures, and minutes of the State Board of Health and the Committee of Public Health.
- **Home Health and Community Services Administrative Manuals.** These manuals document the procedures and policies of the department regarding the rendering of home health and community services. These records are part of the core administrative documentation of the department as represented by the policies, procedures, and minutes of the State Board of Health and the Committee of Public Health.
- **Fee System and Cost Accounting Manuals.** These manuals document the procedures and policies of the department regarding the collection of fees for services rendered and the reimbursement of costs through insurance and Medicaid/Medicare. These records are part of the core administrative documentation of the department as represented by its policies, procedures, and minutes of the State Board of Health and the Committee of Public Health.

## Enforcing Health Care Standards:

- **County Sanitation Files.** The subdivision files found in this series contain information on community and urban growth by representing the number of dwellings in a community and installation of power and telephone lines, as well as documenting the installation of sewage disposal systems. The alternative system files, also included within this set of records, provide documentation that could be of legal value as long as the alternative sewage disposal system is in operation.
- **Unapproved Dump, Open Dump, and Unauthorized Dump Files.** This series has legal value to the department, documenting illegal dumping activities in the state. These records also document the number of illegal dumps in the state, their impact on the environment, and the state's inability to enforce illegal dumping laws.
- **Nurse Aide Administrative Hearing Proceedings.** These records document appeal hearings of nurse aides who have been disciplined for patient abuse. These records document the legal actions of the department in relation to the department's client services and are included within the core administrative documentation of the department.
- **Health Care Facility History Files.** This series has legal value to the department, documenting long-term care facilities approved or authorized to operate within the state.



These files provide in-depth research material on the licensure, inspection, complaints, and investigation of these facilities during their tenure of operation within the state.

- **Approved Certificate of Authority (COA) Applications.** This series has legal value to the department, documenting long-term care facilities approved or authorized to operate within the state. In the absence of a roster of licensees, this series provides an overview of approved facilities, their structure, size, staffing, and budget.

### **Providing Health Care Services:**

- **Health Assessments and Consultations.** The Epidemiology Division studies the distribution and determinants of diseases and health conditions of public health importance. Assistance is given on issues involving human exposure to chemical and other hazardous materials by conducting health assessments and consultations. Information in these reports supports the HSEESS (discussed below) which documents acute health effects caused by accidental releases of hazardous substances.
- **Hazardous Substance Emergency Event Surveillance System.** Data compiled on acute health effects caused by the accidental release of hazardous substances is entered into the Hazardous Substance Emergency Event Surveillance System (HSEESS) and studied in order to develop methods of reducing the number of victims and the severity of injuries. Information contained in this database has valuable research potential and is unavailable elsewhere in the state's public records. A total number of incidences reported to the state is recorded in the annual report.
- **HIV/AIDS Reporting System.** Data from the Confidential Case Reports is entered into the HIV/AIDS Reporting System (HARS) database. Various reports are generated utilizing data from this system to monitor disease distribution and statewide occurrence data, and to report to the Centers for Disease Control. Information contained in this database has valuable research potential and is unavailable elsewhere in the state's public records.
- **Diabetes Coalition Study-Tricounty Area.** These records provide detailed information on the department's diabetes control and educational programs through a pilot project conducted in the Montgomery area. Information found in the annual reports is simply the total number of contacts made by the department. These records provide a low-volume detailed view of the occurrence of diabetes in the population using a limited geographical area as a statistical sample. Information contained in these records has research potential and is unavailable elsewhere in the state's public records.
- **Rural Health Development Survey and Assessment Data.** One of the goals of the

department is to increase the accessibility of the state's rural populations to quality health care. This survey was conducted to determine areas of need in rural Alabama. These records are part of the core administrative documentation providing information on the department's activities.

- **Notifiable Disease Case Report Records.** Data from the Notifiable Disease Case Reports is entered into a database from which various reports are generated to monitor disease distribution and occurrence, and to report to the Centers for Disease Control. The ledgers are manual representations of the same data in statistical form. Information contained in this database has valuable research potential and is unavailable elsewhere in the state's public records. Summary information on notifiable diseases is available in the annual report.

### **Providing Public Health Information and Education:**

- **All Department Publications.** The department publishes an endless variety of publications designed to inform the public, the governor, and other health-related agencies on health care issues and statistical measurements. Examples of these publications include the annual report, vital events reporting, brochures on patient services, posters outlining the public health areas, and pamphlets on disease control. These records are part of both the core administrative and core research documentation as they provide information on departmental rules and regulations and valuable statistics on vital events and diseases.
- **Newsletters.** The department publishes a variety of topical newsletters to assist in educating health officials and the public alike. 'Alabama's Health' and 'Alabama Breast & Cervical Cancer' are examples of newsletters published by the department. Newsletters are part of the core administrative documentation of the department as represented by its policies, procedures, and minutes of the State Board of Health and the Committee of Public Health. They provide information on policy, procedures, and activities of the department.
- **Minority Health Calendar of Events.** As part of health education initiatives, the department holds a variety of health events directed toward minority populations in the state. Published calendars of events are one means used to publicize these events. These records are part of the core administrative documentation of the department providing information on the activities of the department. (Record series ceased as of April 2000)
- **Alabama Morbidity Reports.** These reports document the occurrence of disease and its cause. They support information stated as sum totals in the annual report and form part of the core administrative documentation of the department.

- **Still Photographs and Slides.** The Bureau of Health Promotion and Information maintains a substantial photographic collection for use in the many departmental publications. Images include board meetings, press conferences, the state health officer, various departmental staff, medical facilities, and events. These records are part of the core administrative documentation of the department providing information on the activities of the department.
- **News Releases and Public Service Announcements.** These records document news releases of the department, its programmatic areas and staff, the state health officer, and the board on a variety of health topics including infant mortality, construction of new county health facilities, disasters, court suits, and policy decisions. These records are part of the core administrative documentation of the department.
- **Controlled Substances Files.** These files contain information on public hearings and actions by the State Committee of Public Health on controlled substances, and the annually published listing of controlled substances within the state. These records are part of the core administrative documentation of the department.
- **Alabama Statewide Cancer Registry.** The Statewide Cancer Registry collects data on cancer cases diagnosed and/or treated in Alabama beginning in January 1, 1996. Data in the registry provides information used to evaluate the true burden of cancer on the state and its insurers, to evaluate the department's cancer control programs, to detect changes in health practices, and to facilitate planning and research. These records are part of the core research documentation of the department as represented by its statistical publications, databases, and patient case information.
- **Alabama Breast Cancer Coalition Information.** The department serves as coordinator for the Breast Cancer Coalition. These records include information on the purpose of the coalition, publicity and health awareness campaigns, newsletters, and coalition meetings. These records are part of the core administrative documentation of the department as represented by its activities in public health awareness campaigns.
- **Alabama Breast Cancer and Cervical Cancer Screening Program Records.** This program began in 1996 with the goal of implementing a statewide breast and cervical cancer early detection program by piloting mammography screening in seven west Alabama counties (Green, Hale, Perry, Dallas, Lowndes, Marengo, and Wilcox). The program was expanded to the other county health departments in 1997. The results of the screening program are entered into a database for tracking the incidence of cancer in women. These records are part of the core research documentation of the department as represented by its statistical publications, databases, and patient case information.
- **Meeting Minutes of the Minority Health Advisory Council.** The Minority Health Section was established by the department in 1991 to identify and address barriers

preventing minorities from accessing quality and affordable health care services. In an effort to broaden the scope of this section's mission, a Minority Health Advisory Council was created in 1999 with volunteer members selected from minority and ethnic groups in Alabama. This series documents members attendance and discussions of the council during its meetings. These records should be preserved permanently to demonstrate the state's efforts in addressing and correcting the issue of health care disparities.

### **Filing Vital Records and Providing Health Statistics:**

- **Vital Records.** Code of Alabama 1975, Section 22-9A-1 et seq. (the Vital Records Act) establishes a system for the documentation of vital events (birth, death, marriage, divorce) within the state. Under the requirements of the Vital Records Act, the Center for Health Statistics must retain on a permanent basis all vital events records and provide a process for the public to obtain certified copies of the records. Prior to 1907, no systematic statewide process existed for the creation of vital records. The county and municipal health departments were required to make an annual report of births and deaths to the state health officer for statistical purposes. In 1919, Act No. 658 created the office of state registrar for vital statistics and implemented a process by which vital records were created and filed with the state. Code of Alabama 1923, Section 1065 further refined this act and implemented a fully standardized system. The Vital Records law was revised in 1992 to allow vital records to be captured and stored in a variety of formats including electronic media (Code of Alabama 1975, Section 22-9A-20).
- **Detail Statistical Reports and Data on Vital Events.** These records consist of early handwritten ledgers and computer printouts of detail statistical data on vital events. The computer printouts were generated from data once found on the department's computer systems. As the computer system was upgraded, these records were not translated into the new software format and now only exist as printouts. These records provide valuable research data on vital events.

### **Administering Internal Operations:**

- **Administrative Files of the State Health Officer.** These records document the activities of the state health officer in directing the work of the department and in enforcing board policy. These records are part of the core administrative documentation of the department as represented by its policies, procedures, and minutes of the State Board of Health and the Committee of Public Health.
- **Annual Reports of the County Health Officer/County Health Department.** Code of Alabama 1975, Section 22-3-5 requires the county health officer to report annually to the county commission the receipts and disbursements of the health department and to the State Board of Health all public health and sanitary work done in the county to include vital and mortuary statistics (also cited in Code of Alabama 1907, Section 703). These

reports are part of the core administrative documentation of the department, providing information on the activities of the county health departments.

- **Administrative Correspondence of the State Laboratory.** These records provide the information on policy and procedural development that affects the work of the state lab. These records form part of the core administrative documentation of the department.
- **Alabama State Medical Association Records.** These records consist of correspondence, meeting files, agenda, minutes, resolutions, publications, and membership rosters of the State Medical Association. The members of the association constitute the governing body for the Department of Public Health--the State Board of Health. These records support and supplement the documentation of public health care provided in the minutes below.
- **Meeting Minutes of the Board of Censors.** The minutes of the board document actions of the board as voted on during the meetings. They document policy and rule making, as well as procedural changes within the department. These records are part of the core administrative documentation of the department and supplement the minutes of the State Board of Health discussed below.
- **Meeting Minutes of the State Board of Health.** The minutes of the board document actions of the board as voted on during the meetings. They document policy and rule making, as well as procedural and organizational changes made within the department to accomplish board goals. Issues of concern to the health of the citizenry are discussed at these meetings; and strategies are outlined to abate problems or accomplish goals, such as lowering infant mortality rates in the state or constructing new county health facilities. Also documented in these files is the attendance of the board members and the public at the meetings. These records are part of the core administrative documentation of the department as represented by its policies, procedures, and minutes of the State Board of Health and the Committee of Public Health.
- **Meeting Minutes and Legislation of the Committee of Public Health.** The minutes of the committee document actions of the committee as voted on during the meetings. They support the documentation in Minutes of the State Board of Health by providing a record of decision and policy making in between the quarterly meetings of the board. These records also document the hiring of the state health officer and oversight of the department by both the state health officer and the committee. These records are part of the core administrative documentation of the department as represented by its policies, procedures, and minutes of the State Board of Health and the Committee of Public Health.
- **Meeting Minutes of the Council on Dental Health; Council on Animal and Environmental Health; Council on the Prevention of Disease and Medical Care;**

**and, Council on Health Costs, Administration, and Organization.** The minutes of these councils document actions of the councils as voted on during the meetings. Also documented in these files is the attendance of the council members and the public at the meetings. These records are part of the core administrative documentation of the department as represented by its policies, procedures, and minutes of the State Board of Health and the Committee of Public Health.

- **Meeting Minutes of the Rural Health Advisory Council.** The minutes of the council document actions of the council as voted on during the meetings. Also documented in these files is the attendance of the council members and the public at the meetings. These records are part of the core administrative documentation of the department as represented by its policies, procedures, and minutes of the State Board of Health and the Committee of Public Health.
- **Meeting Minutes of the Home Health Advisory Council.** The minutes of the council document actions of the council as voted on during the meetings. Also documented in these files is the attendance of the council members and the public at the meetings. These records are part of the core administrative documentation of the department as represented by its policies, procedures, and minutes of the State Board of Health and the Committee of Public Health.
- **Meeting Minutes of the Family Practice Rural Health Board.** The Family Practice Rural Health Board, established by Code of Alabama 1975, Section 22-4A-1, seeks to increase the number of family medical practitioners with the state through grants and funding of rural family health programs. The department manages the board's funds and distributes them according to the board's budget. The minutes of the board document actions of the council as voted on during the meetings. Also documented in these files is the attendance of the council members and the public at the meetings. These records are part of the core administrative documentation of the department as represented by its policies, procedures, and minutes of the State Board of Health and the Committee of Public Health.
- **Meeting Minutes of the ALERT Fund Administration Committee.** The minutes of the committee document actions of the committee as voted on during the meetings. They support the documentation in the ALERT Program Project Files discussed below by indicating the decision and any discussion prior to the vote. Also documented in these files is the attendance of the committee members and the public at the meetings. These records are part of the core administrative documentation of the department as represented by its policies, procedures, and minutes of the State Board of Health and the Committee of Public Health.
- **Meeting Minutes of the Council for the Merit System for County Health Services.** The minutes of the council document actions of the council as voted on during the

meetings. Also documented in these files is the attendance of the council members and the public at the meetings. These records are part of the core administrative documentation of the department as represented by its policies, procedures, and minutes of the State Board of Health and the Committee of Public Health.

- **Records of the Alabama Statewide Cancer Registry Advisory Council.** The minutes of the council document actions of the council as voted on during the meetings. They support the documentation in the Statewide Cancer Registry by indicating the policy and procedural decisions and any discussion prior to the vote. These records are part of the core administrative documentation of the department as represented by its policies, procedures, and minutes of the State Board of Health and the Committee of Public Health.
- **Meeting Minutes of the State Emergency Medical Services Advisory Board.** The minutes of the board document actions of the board as voted on during the meetings. These records are part of the core administrative documentation of the department as represented by its policies, procedures, and minutes of the State Board of Health and the Committee of Public Health.
- **Meeting Minutes of the State Emergency Medical Control Committee.** The minutes of the committee document actions of the committee as voted on during the meetings. These records are part of the core administrative documentation of the department as represented by its policies, procedures, and minutes of the State Board of Health and the Committee of Public Health.
- **Meeting Minutes of the Emergency Medical Services Education Commission.** The minutes of the commission document actions of the commission as voted on during the meetings. They document the continuing education requirements of emergency medical personnel by indicating policy and procedural decisions and any discussion prior to the vote. Also documented in these files is the attendance of the commission members and the public at the meetings. These records are part of the core administrative documentation of the department as represented by its policies, procedures, and minutes of the State Board of Health and the Committee of Public Health.
- **Project Files of the Alabama Legacy for Environmental Research (ALERT).** These files document research proposals submitted to the department for funding through the ALERT program. They provide an overview of research topics and concerns regarding hazardous waste production, reduction, transportation, and disposal in Alabama. Information in these files has research value documenting actual research conducted on hazardous waste in the state.
- **Legal Opinions of the General Counsel.** Part of the responsibility of the general counsel is the issuance of opinions interpreting public health law and establishing policy

to implement it. These records form part of the core administrative documentation of the department.

- **Annual Reports of the State Board of Health.** Code of Alabama 1975, Section 22-2-7, requires the State Board of Health to submit an annual report to the legislature describing department activities and the occurrence of disease in the state. This report contains statistical and narrative information forming part of the core administrative documentation of the department.
- **Work Order Requests.** These records document the development of specialized computer applications for the program areas of the department. These records form part of the core administrative documentation of the department providing information on the growth of the agency's computer systems.
- **Public Health Finance Authority Administrative Files.** The Public Health Finance Authority, authorized by Code of Alabama 1975, Section 22-3A-1, has never met. By law, the Finance Department would maintain the official minutes of the authority. Should the authority ever convene, the administrative files documenting the construction of public health facilities would be a permanent record.
- **Public Health Care Finance Authority Administrative Files.** Created by the Committee of Public Health under authority of Code of Alabama 1975, Section 22-21-310 through 359, this authority incurs debt to fund the construction of county health departments in the state. The administrative files beyond bond records and blueprints document the work of the authority and form part of the core administrative documentation of the department.
- **J-1 Program Management Files.** The department participates in a variety of internship and scholarship programs designed to train qualified medical personnel and provide a pool of qualified individuals for Alabama's health care profession. These records document the administrative management of the program and form part of the core administrative documentation of the department.
- **National Health Service Corps Personnel Files.** The National Health Service Corps Scholarship Program is designed to recruit and place qualified physicians in medically underserved areas of the nation. These records document the physicians assigned to work in Alabama. These records form part of the core administrative documentation of the department providing information on its efforts to provide quality health care to the citizens of the state.
- **Employee Training Audio/Visual Presentations.** These records document the department's efforts to ensure an adequately trained quality workforce by providing training on current procedures and practices and educating staff on health hazards. They



form part of the core administrative documentation of the department.

- **Staff Development Program Files.** These records document the development and implementation of staff development programs for public health nurses. These files form part of the core administrative documentation of the department providing information on efforts to improve the quality of public health nursing services being rendered to the people of Alabama.

## **B. Public Health Areas/County Health Departments.**

### **Promulgating Health Care Standards:**

Records documenting this subfunction are found at the central office as described in the Central Office/Promulgating Health Care Standards subfunction above.

### **Enforcing Health Care Standards:**

Records documenting this subfunction are found at the central office as described in the Central Office/Enforcing Health Care Standards subfunction above.

### **Providing Health Care Services:**

Records documenting this subfunction are found at the central office as described in the Central Office/Providing Health Care Services subfunction above.

### **Providing Public Health Information and Education:**

Records documenting this subfunction are found at the central office as described in the Central Office/Providing Public Health Information and Education subfunction above.

### **Filing Vital Records and Providing Health Statistics:**

Records documenting this subfunction are found at the central office as described in the Central Office/Filing Vital Records and Providing Health Statistics subfunction above.

### **Administrating Internal Operations:**

- **Meeting Minutes of the County Boards of Health.** The minutes of the boards document actions of the county boards as voted on during the meetings. They document policy and rule making as well as budgetary and procedural decisions. Issues of concern to the health of the citizenry are discussed at these meetings. Not all county health departments maintain the records of their county board of health. These records are part of the core administrative documentation of the department as represented by its policies,

procedures, and minutes of the State Board of Health, the Committee of Public Health, and the county boards of health.

- **Annual Reports of the County Health Officer/County Health Department.** Code of Alabama 1975, Section 22-3-5 requires the county health officer to report annually to the county commission the receipts and disbursements of the health department and to the State Board of Health all public health and sanitary work done in the county to include vital and mortuary statistics (also cited in Code of Alabama 1907, Section 703). These reports are part of the core administrative documentation of the department providing information on the activities of the county health departments.

## **Accessibility of Records**

Please note, many of the records referred to or described in the above section are restricted under the following departmental guidelines and laws.

**I. Employee Responsibility in Patient Confidentiality.** *Reference Policy #92-36, February 7, 1992.* Personal information, written or unwritten, such as medical, financial, and social information given to a public health employee in any discipline, is strictly confidential. Information can be released to individuals outside the Alabama Department of Public Health system of care only upon the written consent of the individual patient or parent/guardian, upon a subpoena in accordance with department policy or as otherwise provided by law.

**II. Restrictions for Notifiable Disease Information.** Code of Alabama 1975, Section 22-11A-1 et seq. (the Notifiable Disease Act) provides strict confidentiality provisions under which the Alabama Department of Public Health must act. Specifically, information on notifiable diseases (including and especially STDs) will not be released without the written consent of the individual involved or the parent/guardian if the patient is under twelve years old. The medical record does not include contact information and information obtained during field investigations. Under no circumstance is contact information released. This information is not subject to inspection, subpoena, or admission into evidence in court except by the Department of Public Health to compel the testing, examination, commitment or quarantine of an individual.

**III. Restrictions for Vital Records.** Code of Alabama 1975, Section 22-9A-21 (of the Vital Records Act) provides strict confidentiality provisions under which the Alabama Department of Public Health must act. Specifically, information within a birth or death record will not be provided for inspection or copy to anyone but the individual named on the record, a member of his/her immediate family, his/her guardian, or the individual's legal representative. Birth records shall be restricted in this manner for 125 years and deaths for twenty-five years. After these periods of time, the records shall become non-restricted public records and any person may obtain copies of the records. Marriage and divorce records are not restricted under the same confidentiality provisions. Reference policies and procedures of the department make certified copies of the records available to individuals supplying the information needed to find a record.

## **Permanent Records List Department of Public Health**

Central Office:

### **Promulgating Health Care Standards:**

1. Alabama Cancer Registry Act, Rules and Regulations
2. Policy Clearinghouse Records
3. Clinic Variance Requests
4. Encounter Form, Unified Medical Record, and Comprehensive Health Record Manuals
5. Encounter Form Revisions
6. Home Health and Community Services Administrative Manuals
7. Fee System and Cost Accounting Manuals

### **Enforcing Health Care Standards:**

1. County Sanitation Files
2. Unapproved Dump, Open Dump, and Unauthorized Dump Files
- \*3. Nurse Aide Administrative Hearing Proceedings
4. Approved Certificate of Authority (COA) Applications
- \*5. Health Care History Files

### **Providing Health Care Services:**

1. Health Assessments and Consultations
2. Hazardous Substance Emergency Event Surveillance System
- \*3. HARS Computer Database
4. Diabetes Coalition Study - Tricounty Area
5. Rural Health Development Survey and Assessment Data
- \*6. Notifiable Disease Case Report Records

### **Providing Health Information and Education:**

1. All Department Publications
2. Newsletters
3. Minority Health Calendar of Events
4. Alabama Morbidity Reports
5. Still Photographs and Slides
6. News Releases and Public Service Announcements
7. Controlled Substances Files
8. Alabama Statewide Cancer Registry
9. Alabama Breast Cancer Coalition Information
10. Alabama Breast Cancer and Cervical Cancer Screening Program
11. Meeting Minutes of the Minority Health Advisory Council

### **Filing Vital Records and Providing Health Statistics:**

- \*1. Vital Records
- \*2. Detail Statistical Reports and Data on Vital Events
- 3. Midwife Records and Bedside Birth Books
- 4. Registers of Births and Deaths (Handwritten Ledger Books)

### **Administering Internal Operations:**

- 1. Administrative Files of the State Health Officer
- 2. Annual Reports of Public Health Area/County Health Officer/County Health Department
- 3. Administrative Correspondence of the State Laboratory
- 4. Alabama State Medical Association Records
- 5. Meeting Minutes of the Board of Censors
- 6. Meeting Minutes of the State Board of Health
- 7. Meeting Minutes and Legislation of the Committee of Public Health
- 8. Meeting Minutes of the Council on Dental Health; Council on Animal and Environmental Health; Council on the Prevention of Disease and Medical Care; and, Council on Health Costs, Administration, and Organization
- 9. Meeting Minutes of the Rural Health Advisory Council
- 10. Meeting Minutes of the Home Health Advisory Council
- 11. Meeting Minutes of the Family Practice Rural Health Board
- 12. Meeting Minutes of the ALERT Fund Administration Committee
- 13. Meeting Minutes of the Council for the Merit System for County Health Services
- 14. Records of the Alabama Statewide Cancer Registry Advisory Council
- 15. Meeting Minutes of the State Emergency Medical Services Advisory Board
- 16. Meeting Minutes of the Emergency Medical Services Education Commission
- 17. Project Files of the Alabama Legacy for Environmental Research (ALERT)
- 18. Legal Opinions of the General Counsel
- 19. Annual Reports of the State Board of Health
- 20. Public Health Finance Authority Administrative Files
- 21. Public Health Care Finance Authority Administrative Files
- \*22. J-1 Program Management Files
- \*23. National Health Service Corps Personnel Files
- 24. Employee Training Audio/Video Presentations
- 25. Staff Development Program Files

Public Health Areas/County Health Departments:

### **Administering Internal Operations:**

- 1. Meeting Minutes of the County Boards of Health
- 2. Annual Reports of the County Health Officer/County Health Department

\* indicates records that ADAH anticipates will remain in the care and custody of the creating agency. ADAH staff is available to work with agency staff in determining the best location and storage conditions for the long-term care and maintenance of permanent records.

# Department of Public Health Records Disposition Authority

This Records Disposition Authority (RDA) is issued by the State Records Commission under the authority granted by the Code of Alabama 1975, Sections 41-13-5 and 41-13-20 through 21. It was compiled by the Government Records Division, Alabama Department of Archives and History (ADAH), which serves as the commission's staff, in cooperation with representatives of the staff of the Alabama Department of Public Health. The RDA lists records created and maintained by the Alabama Department of Public Health in carrying out its mandated functions and activities. It establishes retention periods and disposition instructions for those records and provides the legal authority for Alabama Department of Public Health to implement records destruction.

Alabama law requires public officials to create and maintain records that document the business of their offices. These records must be protected from "mutilation, loss, or destruction," so that they may be transferred to an official's successor in office and made available to members of the public. Records must also be kept in accordance with auditing standards approved by the Examiners of Public Accounts (Code of Alabama 1975, Sections 36-12-2, 36-12-4, and 41-5-23). For assistance in implementing this RDA or for advice on records disposition or other records management concerns, contact the ADAH Government Records Division at (334) 242-4452.

## Explanation of Records Requirements

- This RDA supersedes any previous records disposition schedules governing the retention of the Alabama Department of Public Health's records. Copies of superseded schedules are no longer valid and should be discarded.
- The RDA establishes retention and disposition instructions for records listed below, regardless of the medium on which those records may be kept. Electronic mail, for example, is a communications tool that may record permanent or temporary information. As for records in any other format, the retention periods for e-mail records are governed by the requirements of the subfunctions to which the records belong.
- Some temporary records listed under the Administering Internal Operations subfunction of this RDA represent duplicate copies of records listed for long-term or permanent retention in the RDA's of other agencies.
- Certain records and records-related materials need not be retained as records under the disposition requirements in this RDA. Such materials include: (1) duplicate record copies that do not require official action, so long as the creating office maintains the original record for the period required; (2) catalogs, trade journals, and other publications received that require no action and do not document government activities; (3) stocks of blank stationary, blank forms, or other surplus materials that are not subject to audit and have become obsolete; (4) transitory records, which are temporary records created for short-term internal purposes that may include, but are not limited to: telephone call-back messages; drafts of ordinary documents not needed for their evidential value; copies of

material sent for information purposes but not needed by the receiving office for future business; and internal communications about department social activities. They may be disposed of without documentation of destruction.

## **Records Disposition Requirements**

This section of the RDA is arranged by subfunctions of the Alabama Department of Public Health and lists the groups of records created and/or maintained by the commission as a result of activities and transactions performed in carrying out these subfunctions. The commission may submit requests to revise specific records disposition requirements to the State Records Commission for consideration at its regular quarterly meetings.

### **■ Promulgating Health Care Standards**

Alabama Administrative Code, Chapter 420

Disposition: Retain in office. (Code of Alabama 1975, Section 41-22-6(a))

Administrative Hearings Proceedings

Disposition: Temporary Record. Retain 5 years.

Legislative Acts, Bills, and Affairs Records

Disposition: Temporary Record. Retain for useful life.

ALABAMA CANCER REGISTRY ACT, RULES AND REGULATIONS

Disposition: PERMANENT RECORD.

POLICY CLEARINGHOUSE RECORDS

Disposition: PERMANENT RECORD.

CLINIC VARIANCE REQUESTS

Disposition: PERMANENT RECORD.

ENCOUNTER FORM AND COMPREHENSIVE HEALTH RECORD MANUALS

Disposition: PERMANENT RECORD.

ENCOUNTER FORM REVISIONS

Disposition: PERMANENT RECORD.

HOME HEALTH AND COMMUNITY SERVICES ADMINISTRATIVE MANUALS

Disposition: PERMANENT RECORD.

FEE SYSTEM AND COST ACCOUNTING MANUALS

Disposition: PERMANENT RECORD.

## ■ **Enforcing Health Care Standards**

Inactive Independent Clinical Laboratory Licensure and Certification File Papers

Disposition: Temporary Record. Retain 2 years.

Independent Clinical Laboratory Medicaid/Medicare Certification Papers

Disposition: Temporary Record. Retain 5 years.

Laboratory Testing Personnel Qualification and Competency Evaluations

Disposition:

Immunohematology Records: Temporary Record. Retain 5 years after creation.

Milk and Water Records: Temporary Record. Retain 5 years after creation.

Other Records: Temporary Record. Retain 2 years after creation.

Hospital Laboratory Proficiency Testing Results

Disposition: Temporary Record. Retain 2 years.

Laboratory Testing Quality Assurance Records

Disposition:

Immunohematology Records: Temporary Record. Retain 5 years after creation.

Milk and Water Records: Temporary Record. Retain 5 years after creation.

Other Records: Temporary Record. Retain 2 years after creation.

Inactive Emergency Medical Services and Technicians Licensing Records

Disposition: Temporary Record. Retain 6 years.

Emergency Medical Services Continuing Education Program Review and Evaluation Files

Disposition: Temporary Record. Retain 3 years.

Emergency Medical Technician (EMT) Test Score Rosters

Disposition: Temporary Record. Retain for useful life.

EMT Individual Scantron Test Results

Disposition: Temporary Record. Retain 3 years.

EMT Intermediate State Skills Results

Disposition: Temporary Record. Retain 3 years.

Inactive Ambulance Service Operator Licensing Files

Disposition: Temporary Record. Retain 6 years.

Inactive Advanced Life Support Service Files

Disposition: Temporary Record. Retain 6 years.

Contact and Inquiry Records



Disposition: Temporary Record. Retain 5 years.

Field Inspection Schedules and Visitation Itineraries

Disposition: Temporary Record. Retain for useful life.

Fluoridation Program Application Records

Disposition: Temporary Record. Retain 5 years.

Dairy Food Inspection and Group Rating Files

Disposition: Temporary Record. Retain 6 years.

Food Service Inspection Records

Disposition: Temporary Record. Retain 3 years.

Food Recall Notices

Disposition: Temporary Record. Retain 3 years.

Food Processing Plant Regulatory Files

Disposition: Temporary Record. Retain 3 years.

County Food Protection Program Evaluation Files

Disposition: Temporary Record. Retain 3 years or until completion of next evaluation.

County Environmentalists Evaluation Files

Disposition: Temporary Record. Retain 3 years or until completion of next evaluation.

Complaint Records

Disposition: Temporary Record. Retain 5 years.

Septic Tank Manufacturer's Permit Records

Disposition: Approved: Temporary Record. Retain 5 years. Disapproved: Temporary Record. Retain for useful life.

Asbestos Inspection Records

Disposition: Temporary Record. Retain 20 years.

Indoor Air Quality Inspection Records

Disposition: Temporary Record. Retain 5 years.

COUNTY SANITATION FILES

Disposition: SUBDIVISION FILES: PERMANENT RECORD. On-site sewage system record: Temporary Record. Retain until system is no longer operational.

Semisolid Waste Landfarming Site Files

Disposition: Temporary Record. Retain 10 years.

UNAPPROVED DUMP, OPEN DUMP AND UNAUTHORIZED DUMP FILES

Disposition: PERMANENT RECORD.

Sewage System Evaluation Records

Disposition: Temporary Record. Retain for useful life.

Inactive Certified Sewage System Inspectors Files

Disposition: Temporary Record. Retain 4 years.

Certified Sewage System Installers Files

Disposition: Temporary Record. Retain 2 years after expiration of certificate.

Inactive Certified Sewage Disposal Site Evaluators Files

Disposition: Temporary Record. Retain 4 years.

Inactive Radioactive Device Distribution Reports

Disposition: Temporary Record. Retain 5 years.

Inactive Radioactive Materials Registration, Licensing, and Radiation Exposure Records

Disposition: Temporary Record. Retain 75 years.

Inactive X-Ray Machine Registration Files

Disposition: Temporary Record. Retain 75 years.

X-Ray Equipment Registration Indexes and Files

Disposition: Temporary Record. Retain for useful life.

Nuclear Power Plant Monitoring and Analysis Records

Disposition: Temporary Record. Retain 10 years.

Nurse Aide Registry

Disposition: Temporary Record. Retain current data.

Nurse Aide Abuse Complaint Records

Disposition: Records of Substantiated Abuse Complaints: Temporary Record. Retain 3 years after nurse aide's death. Records of Unsubstantiated Abuse Complaints: Temporary Record. Retain 3 years.

NURSE AIDE ADMINISTRATIVE HEARING PROCEEDINGS

Disposition: PERMANENT RECORD.

Health Aide Competency Testing Records

Disposition: Temporary Record. Retain 1 years.

Inactive Home Health Aide Training and Certification Records

Disposition: Temporary Record. Retain 4 years.

Home Health Certification Records

Disposition: Temporary Record. Retain 3 years.

Inactive Utilization Review Agent Records

Disposition: Temporary Record. Retain 3 years.

State Agency Quality Improvement Program Files

Disposition: Temporary Record. Retain 5 years.

Health Care Facility Licensure and Certification Files

Disposition: Temporary Record. Retain 5 years.

HEALTH CARE FACILITY HISTORY FILES

Disposition: PERMANENT RECORD.

Health Care Facility Complaint/Investigation Files

Disposition: Temporary Record. Retain 5 years.

Health Care Facility Complaint/Investigation Logs

Disposition: Temporary Record. Retain 5 years.

Health Care Facilities Duplicate Licenses

Disposition: Temporary Record. Retain 3 years.

Long-Term Care Facility Licensure and Certification Files

Disposition: Temporary Record. Retain 5 years.

Long-Term Health Care Facility Complaint/Investigation Records

Disposition: Temporary Record. Retain 5 years.

Long-Term Health Care Facility Complaint/Investigation Logs

Disposition: Temporary Record. Retain 5 years.

Nursing Facility Occurrence Reports

Disposition: Temporary Record. Retain 2 years.

Domiciliary Care Facility Contact and Inquiry Records

Disposition: Destroy.

Domiciliary Care Facility Weekly Visitation Itineraries

Disposition: Temporary Record. Retain 2 years.

Assisted Living Facility History Files

Disposition: Temporary Record. Retain 5 years.

Assisted Living Licensure Files

Disposition: Temporary Record. Retain 5 years.

Assisted Living Facility Complaint/Investigation Files

Disposition: Temporary Record. Retain 5 years.

Closed Assisted Living Facility Complaint/Investigation Files

Disposition: Temporary Record. Retain 5 years.

Inactive Independent Health Care Provider Certification Records

Disposition: Temporary Record. Retain 5 years.

APPROVED CERTIFICATE OF AUTHORITY (COA) APPLICATIONS

Disposition: PERMANENT RECORD.

COA Review Notes, Correspondence, and Replaced Documents

Disposition: Temporary Record. Retain 5 years.

Enrollee Documents and Marketing Materials

Disposition: Temporary Record. Retain until replaced in field.

Provider Contracts

Disposition: Temporary Record. Retain until replaced in field.

Field Inspection Visitation Checklists

Disposition: Temporary Record. Retain useful life.

Final Stage Approved Plans and Sprinkler Shop Drawings

Disposition: Temporary Record. Retain 5 years.

Specifications, Final Inspections, and Construction Records

Disposition: Temporary Record. Retain 5 years.

Final Stage Floor Plan with Building Classification

Disposition: Temporary Record. Retain 5 years.

Life Safety Code/Medicare Forms (including HFCA forms 2786 A, B, F, etc.)

Disposition: Temporary Record. Retain 5 years.

Surveyor Orientation, Training, and Continuing Education Files

Disposition: Temporary Record. Retain 5 years after separation of employee.

Material Modifications, Waivers and Exceptions-mergers, sales, DOI Form A documents

Disposition: Temporary Record. Retain 3 years.

Material Modifications, Waivers and Exceptions-staff changes and reorganizations

Disposition: Temporary Record. Retain until superseded.

Prelicensure Surveys

Disposition: Temporary Record. Retain 6 months following licensure.

Post Licensure Surveys

Disposition: Temporary Record. Retain 1 year.

Alabama Quality Utilization Alliance (AQUA) Accessibility Study Files

Disposition: Temporary Record. Retain 3 years.

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Alabama Quality Utilization Alliance (AQUA) Benchmark Study Files

Disposition: Temporary Record. Retain 3 years.

Alabama Quality Utilization Alliance (AQUA) HMO Enrollee Satisfaction Survey Files

Disposition:

(A) Actual Surveys: Temporary Record. Retain until the results of the next annual survey are released to HMOs.

(B) Summary Reports and Other Corrective/Follow-up Action Materials:  
Temporary Record. Retain 3 years.

HMO Claim Audit Files

Disposition: Temporary Record. Retain 3 years after the end of the fiscal year in which the records were created.

Medicare Supplemental Healthcare Insurance Company Application Files

Disposition: Temporary Record. Retain 1 year.

Medicare Supplemental Healthcare Insurance Company Service Area Expansion Application Files

Disposition: Temporary Record. Retain 6 months.

Health Maintenance Organization (HMO) Service Provider Complaint Logs and Files

Disposition: Temporary Record. Retain 4 years.

Enforcement Actions and the Supporting Documentation Files

Disposition: Temporary Record. Retain 5 years after date of action.

Two Year Survey Supporting Documentation

Disposition: Temporary Record. Retain until the next scheduled Two Year Survey has been completed.

Two Year Survey Comprehensive Reports, Deficiency Reports, Records Documenting Any Corrective Actions or the Results

Disposition: Temporary Record. Retain 4 years after the date of the Two Year Survey.

Health Maintenance Organization (HMO) Enrollee Complaint Logs and Files  
Disposition: Temporary Record. Retain 4 years.

Service Area Expansions  
Disposition: Temporary Record. Retain 6 months.

Provider Manuals  
Disposition: Temporary Record. Retain until superseded.

Quality Assurance, Utilization Review, and Credentialing Programs  
Disposition: Temporary Record. Retain until superseded.

Nurse Aide Training Program Files  
Disposition: Temporary Record. Retain 3 years.

Nurse Aide Competency Test Files  
Disposition: Temporary Record. Retain 3 years.

Quarterly and Annual Reports (of licensed HMOs)  
Disposition: Temporary Record. Retain 2 years.

Non HMO Provider/Network Contracts  
Disposition: Temporary Record. Retain 5 years after superseded.

HMO Enrollee Complaint Records  
Disposition: Temporary Record. Retain 5 years.

HMO Enrollee Grievance Logs and Files  
Disposition: Temporary Record. Retain 5 years.

Copies of Enrollee Medical Records as Part of Grievance  
Disposition: Temporary Record. Retain 5 years.

## ■ Providing Health Care Services

Minority and Rural Health Care Grant Files

Disposition: Temporary Record. Retain 6 years after completion of audit and release of audit report.

Primary Care Cooperative Agreements

Disposition: Temporary Record. Retain 6 years following expiration of agreements.

Risk Assessment Reference Chemicals, Agencies, and Publications

Disposition: Temporary Record. Retain 3 years.

### HEALTH ASSESSMENTS AND CONSULTATIONS

Disposition: ASSESSMENT REPORTS: PERMANENT RECORD. Other Records: Temporary Record. Retain 10 years.

DHAC, Superfund, and HSEES Program Records

Disposition: Temporary Record. Retain 10 years.

Cost Recovery Records

Disposition: Temporary Record. Retain 10 years.

Fish Consumption Advisories

Disposition: Temporary Record. Retain 3 years.

Blood Lead Reports-Adults.

Disposition: Temporary Record. Retain 3 years.

Sexually Transmitted Disease (STD) Patient Interview and Cluster Interview Records

Disposition: Temporary Record. Retain 1 year.

STD Original Patient Information Sheets

Disposition: Temporary Record. Retain 1 year.

STD Reactor Control Records

Disposition: Retain in office.

STD Field Records

Disposition: Temporary Record. Retain 1 year.

STD Major Analytical Points Sheets

Disposition: Temporary Record. Retain 1 year.

STD Program Laboratory Reports

Disposition: Retain in office.

Congenital Syphilis Surveys and Case Reports  
Disposition: Retain in office.

Confidential Disease Reports  
Disposition: Retain in office.

Lot Folder Status Sheets  
Disposition: Temporary Record. Retain 1 year.

STD Case Cards and Registers  
Disposition: Temporary Record. Retain 1 year.

STD MIS Computer Databases  
Disposition: Temporary Record. Retain for useful life.

AIDS Hotline Logs  
Disposition: Temporary Record. Retain 6 months.

Drug Reimbursement Program (ADRP) Application Forms  
Disposition: Temporary Record. Retain 7 years after termination of eligibility.

Drug Reimbursement Program (ADRP) Revisions  
Disposition: Temporary Record. Retain 7 years after termination of eligibility.

ADRP Computer Database  
Disposition: Temporary Record. Retain until obsolete.

AIDS Adult Confidential Case Reports  
Disposition: Retain in office.

AIDS Pediatric Confidential Case Reports  
Disposition: Retain in office.

HIV Serology Laboratory Reports  
Disposition: Negative: Temporary Record. Retain 6 months. Positive: Retain in office.

HIV/AIDS REPORTING SYSTEM (HARS Computer Database)  
Disposition: PERMANENT RECORD.

Counseling and Testing Services Database (CTS Computer Database)  
Disposition: Temporary Record. Retain until data is obsolete.

Annual Home Health Service Reports  
Disposition: Temporary Record. Retain 5 years.

Home Health Record Cards



Disposition: Temporary Record. Retain 1 year after closure of case file.

Signed Vaccine Statements

Disposition: Influenza: Temporary Record. Retain 10 years. All Others: Temporary Record. Retain 75 years.

Signed Vaccine Administration Slips

Disposition: Temporary Record. Retain 75 years.

Comprehensive Health Record (CHR) Immunization Record

Disposition: Temporary Record. Retain 75 years.

Comprehensive Diabetes Site Patient Assessment and Follow-up Visit Records

Disposition: Temporary Record. Retain 28 years.

DIABETES COALITION STUDY-TRICOUNTY AREA (Montgomery, Autauga, and Elmore)

Disposition: STUDY FINAL REPORT: PERMANENT RECORD. All Other Records: Temporary Record. Retain 2 years.

RURAL HEALTH DEVELOPMENT SURVEY AND ASSESSMENT DATA

Disposition: PERMANENT RECORD.

Newborn Screening Program Records

Disposition: Temporary Record. Retain 18 years.

Sterilization Files

Disposition: Temporary Record. Retain 28 years.

Hypertension Drug Tracking System

Disposition: Forms: Temporary Record. Retain 6 months after close of year. Computer Files: Temporary Record. Retain 5 years.

Hypertension Quality Assurance Summary Reports

Disposition: Temporary Record. Retain 3 years.

CDC Rainbow Reports

Disposition: Temporary Record. Retain 5 years.

TB Bacteriology Laboratory Reports from Hospitals

Disposition: Temporary Record. Retain 75 years.

TB Smear and Culture Reports

Disposition: Temporary Record. Retain 75 years.

Correctional Facility TB Reports

Disposition: Temporary Record. Retain until data entry and verification.

TB Clinical Records

Disposition: Temporary Record. Retain 75 years.

Veri-Visible Cards

Disposition: Temporary Record. Retain 75 years.

Reports of TB Cases (RVCT)

Disposition: Temporary Record. Retain 75 years.

TB Class A and B Reports

Disposition: Temporary Record. Retain 1 year.

CDC TB Notification Reports

Disposition: Temporary Record. Retain 1 year.

TB Preventative Therapy and Drug Reports

Disposition: Temporary Record. Retain 75 years.

TB Summary Sheets

Disposition: Temporary Record. Retain 75 years.

TB Field Activity Reports

Disposition: Temporary Record. Retain 1 year.

TB Drug Reaction Records

Disposition: Temporary Record. Retain 6 months.

TB Information Exchange Records

Disposition: Temporary Record. Retain 75 years.

Patient Encounter Forms

Disposition: Temporary Record. Retain 3 years.

Dental Care Case Files

Disposition: Temporary Record. Retain 3 years.

Inactive Women, Infant, and Children (WIC) Vendor Files

Disposition: Temporary Record. Retain 3 ½ years.

Inactive WIC Vendor Abuse Case Files

Disposition: Temporary Record. Retain 3 ½ years.

WIC Vendor Master Lists

Disposition: Temporary Record. Retain 3 ½ years.

WIC Program Vendor Volume, Risk Indication, and Maximum Reports

Disposition: Temporary Record. Retain 3 months.

WIC Program Food Instruments

Disposition: Temporary Record. Retain 5 years.

WIC Program Registration, Enrollment, Participant, and Encounter Reports

Disposition: Temporary Record. Retain 1 month.

Quarterly and Annual WIC Program Participation Analysis Reports

Disposition: Temporary Record. Retain 3 ½ years.

WIC Program Reconciliation Reports

Disposition: Temporary Record. Retain 3 ½ years.

WIC Program Status Reports

Disposition: Temporary Record. Retain 3 ½ years.

WIC Program Food Instrument Accounting Reports and Registers

Disposition: Temporary Record. Retain 3 ½ years.

WIC Program Infant Formula Rebate Reports

Disposition: Temporary Record. Retain 3 ½ years.

Food Instrument Receipt and Summary Records

Disposition: Temporary Record. Retain 3 ½ years.

Food Instrument Redemption Reports

Disposition: Temporary Record. Retain 3 ½ years.

State Laboratory Test Reports

Disposition:

Newborn Screening Test Reports: Temporary Record. Retain 21 years.

Immunohematology Test Reports: Temporary Record. Retain 5 years.

Milk and Water Test Reports: Temporary Record. Retain 5 years.

Other Test Reports: Temporary Record. Retain 2 years.

Negative Hepatitis Lab Reports

Disposition: Temporary Record. Retain 4 years after study is published.

Disease Surveillance Records

Disposition: Temporary Record. Retain 2 years.

Notifiable Disease Program Laboratory Reports

Disposition: Temporary Record. Retain 2 years.

NOTIFIABLE DISEASE CASE REPORT RECORDS

Disposition: Cards: Temporary Record. Retain 2 years after publication of annual report.  
Weekly Reports: Temporary Record. Retain 1 year after publication of annual report.  
COMPUTER FILES: PERMANENT RECORD. LEDGERS: PERMANENT RECORD.

Rabies Test Reports

Disposition: Temporary Record. Retain 3 years.

Nominations for County Rabies Officers

Disposition: Temporary Record. Retain 3 years.

Rabies Vaccinations by County

Disposition: Temporary Record. Retain 3 years.

Bite Investigations by County

Disposition: Temporary Record. Retain 3 years.

Rabies Computer Database

Disposition: Temporary Record. Retain for useful life.

All Kids Health Insurance Application Files

Disposition: Temporary Record. Retain 3 years after the end of the fiscal year in which the records were created.

## ■ Providing Public Health Information and Education

Governor's Health Education Awards Program Files

Disposition: Temporary Record. Retain 3 years.

Grant Project Applications, Files and Reports

Disposition: Temporary Record. Retain 6 years after submission of final federal financial report.

Primary Care Cooperative Agreement

Disposition: Temporary Record. Retain 3 years.

Nurse Aide Training Program Files

Disposition: Temporary Record. Retain 3 years.

Occupant Restraint Program Files

Disposition: Temporary Record. Retain 3 years after submission of final federal financial report.

Traffic Injury Surveillance Project Files

Disposition: Temporary Record. Retain 3 years after submission of final federal financial report.

Injury Prevention Federal Grants and Progress Reports

Disposition: Temporary Record. Retain 3 years after submission of final federal financial report.

Behavioral Risk Factor Surveillance System (BRFSS) Survey Files

Disposition: Temporary Record. Retain 2 years.

Child Passenger Safety Program Files

Disposition: Temporary Record. Retain 3 years after submission of final federal financial report.

Consumer Product Safety Program Files

Disposition: Temporary Record. Retain 3 years.

Educational Program Files

Disposition: Temporary Record. Retain for useful life.

Dental Health Survey Files

Disposition: Temporary Record. Retain for useful life.

ALL DEPARTMENT PUBLICATIONS

Disposition: PERMANENT RECORD.

NEWSLETTERS

Disposition: PERMANENT RECORD.

MINORITY HEALTH CALENDARS OF EVENTS

Disposition: PERMANENT RECORD. (Record series ceased as of April 2000)

MEETING MINUTES OF THE MINORITY HEALTH ADVISORY COUNCIL

Disposition: PERMANENT RECORD.

ALABAMA MORBIDITY REPORTS

Disposition: PERMANENT RECORD.

ICONOGRAPHIC RECORDS (for the Bureau of Health Promotion and Information)

Disposition: PERMANENT RECORD.

Printing Service Request Files

Disposition: Temporary Record. Retain until receipt of printed material.

Printing Negatives, Paste ups, Disks, and Plates

Disposition: Temporary Record. Retain until obsolete.

NEWS RELEASES AND PUBLIC SERVICE ANNOUNCEMENTS

Disposition: PERMANENT RECORD.

CONTROLLED SUBSTANCE FILES

Disposition: PERMANENT RECORD.

ALABAMA STATEWIDE CANCER REGISTRY

Disposition: PERMANENT RECORD.

ALABAMA BREAST CANCER COALITION INFORMATION

Disposition: PERMANENT RECORD.

ALABAMA BREAST CANCER AND CERVICAL CANCER SCREENING PROGRAM  
RECORDS

Disposition: PERMANENT RECORD.

Audiovisual Materials (including satellite conference materials)

In-service training films

Disposition: Temporary Record. Retain until obsolete.

General information films and films on public health topics that **are not** produced by the  
Department of Public Health

Disposition: Temporary Record. Retain until obsolete.

General information films and films on public health topics that **are** produced by the  
Department of Public Health

Disposition: ALLOW ADAH TO REVIEW BEFORE DESTRUCTION FOR  
PERMANENT MATERIALS.

Satellite Conferencing Materials

Disposition: Temporary Record. Retain 5 years.

## ■ Filing Vital Records and Providing Health Statistics

Local or Deputy Registrar Application and Appointment Files

Disposition: Temporary Record. Retain until appointment expires.

RECORDS OF VITAL EVENTS (BIRTH, DEATH, MARRIAGE, DIVORCE) (INCLUDES VISION)

Disposition: PERMANENT RECORD. RETAIN IN OFFICE.

Confidential Medical Information Section of the Certificate of Live Birth (ADPH-HS 1)

Disposition: Temporary Record. Retain until data capture and verification.

Vital Records Amendments or Changes

Disposition: Retain in office. (Code of Alabama 1975, Section 22-9A-19)

Evidence Supporting Vital Record Action

Disposition: Retain in office. (Code of Alabama 1975, Section 22-9A-19)

Affidavits of Paternity

Disposition: Retain in office. (Code of Alabama 1975, Section 26-17-22)

Applications for Copies of Vital Records

Disposition: Temporary Record. Retain 3 years after the end of the fiscal year in which the records were created.

Fetal Death Reports

Disposition: Temporary Record. Retain until data capture and verification (Code of Alabama 1975, Section 22-9A-13[c]).

Reports of Induced Termination

Disposition: Temporary Record. Retain 7 years.

Monthly Reports of Vital Events

Disposition: Temporary Record. Retain 1 year.

Vital Records Statistical Files for State of Alabama

Disposition: Retain in office. (Code of Alabama 1975, Section 22-9A-2)

Detail Statistical Reports and Data on Vital Events

Disposition: Retain in office. (Code of Alabama 1975, Section 22-9A-19)

Research Agreements

Disposition: Temporary Record. Retain until research completed.

MIDWIFE RECORDS AND BEDSIDE BIRTH BOOKS

Disposition: PERMANENT RECORD. RETAIN IN OFFICE UNTIL NO LONGER



RESTRICTED, THEN TRANSFER TO THE ARCHIVES.

REGISTERS OF BIRTHS AND DEATHS (HANDWRITTEN LEDGER BOOKS)

Disposition: PERMANENT RECORD. RETAIN IN OFFICE UNTIL NO LONGER RESTRICTED, THEN TRANSFER TO THE ARCHIVES.

General Indexes to Births and Death Certificates (paper format)

Disposition: Temporary Record. Retain until data capture and verification.

Birth/Death/Stillbirth Summary Cards

Disposition: Destroy.

Condensed Records of Births and Deaths

Disposition: Destroy.

Statistical Data Requests

Disposition: Temporary Record. Retain for useful life.

Hospital Birth Certificates Certifier Records

Disposition: Temporary Record. Retain until certifier resigns.

Notices of Disinterment/Disinterment Notices

Disposition: Temporary Record. Retain 5 years.

Burial Transit Permits

Disposition: Temporary Record. Retain 5 years.

Receipt of Body for Burial

Disposition: Temporary Record. Retain 5 years.

## ■ Administering Internal Operations

### **Managing the Agency:**

ADMINISTRATIVE FILES OF THE STATE HEALTH OFFICER

Disposition: PERMANENT RECORD.

ANNUAL REPORTS OF PUBLIC HEALTH AREA/COUNTY HEALTH OFFICER/COUNTY HEALTH DEPARTMENT

Disposition: PERMANENT RECORD.

ADMINISTRATIVE CORRESPONDENCE OF THE STATE LABORATORY

Disposition: PERMANENT RECORD.

General Correspondence and Informational Requests of Departmental Programs

Disposition: Temporary Record. Retain 3 years after the fiscal year in which the records were created.

Divisional/Programmatic General Files

Disposition: Temporary Record. Retain 5 years.

Organization Study Group Records

Disposition: Temporary Record. Retain 5 years.

Quarterly Program Performance Report Files

Disposition: Temporary Record. Retain 3 years after the fiscal year in which the records were created.

Clinic Appointment Waiting Times Monitoring System Project Files

Disposition: Temporary Record. Retain 3 years after the fiscal year in which the records were created.

Appointment Waiting Times/Showrates

Disposition: Temporary Record. Retain 3 years after the fiscal year in which the records were created.

Policies, Procedures and Reference Materials From State and Federal Agencies

Disposition: Temporary Record. Retain 3 years after the fiscal year in which the records are superseded.

Reference Files

Disposition: Temporary Record. Retain for useful life.

Daily Schedules

Disposition: Temporary Record. Retain 3 years after the fiscal year in which the records were created.

Telephone Logs

Disposition: Temporary Record. Retain 3 years after the fiscal year in which the records were created.

Mailing Address Listings

Disposition: Temporary Record. Retain for useful life.

Home Health Care Service Employee Activity Reports

Disposition: Temporary Record. Retain for 6 years.

High Blood Pressure Program Activity Reports

Disposition: Temporary Record. Retain 2 years.

Social Service Report Forms

Disposition: Temporary Record. Retain 4 years.

Employee Periodic Activity Reports

Disposition: Temporary Record. Retain for 3 years.

ALABAMA STATE MEDICAL ASSOCIATION RECORDS

Disposition: PERMANENT RECORD.

MEETING MINUTES OF THE STATE BOARD OF HEALTH

Disposition: PERMANENT RECORD.

MEETING MINUTES AND LEGISLATION OF THE COMMITTEE OF PUBLIC HEALTH

Disposition: PERMANENT RECORD.

MEETING MINUTES OF THE COUNCIL ON DENTAL HEALTH; COUNCIL ON ANIMAL AND ENVIRONMENTAL HEALTH; COUNCIL ON THE PREVENTION OF DISEASE AND MEDICAL CARE; COUNCIL ON HEALTH COSTS, ADMINISTRATION, AND ORGANIZATION

Disposition: PERMANENT RECORD.

MEETING MINUTES OF THE RURAL HEALTH ADVISORY COUNCIL

Disposition: PERMANENT RECORD.

MEETING MINUTES OF THE FAMILY PRACTICE RURAL HEALTH BOARD

Disposition: PERMANENT RECORD.

MEETING MINUTES OF THE HOME HEALTH ADVISORY COUNCIL

Disposition: PERMANENT RECORD.

MEETING MINUTES OF THE ALERT FUND ADMINISTRATION COMMITTEE

Disposition: PERMANENT RECORD.

MEETING MINUTES OF THE COUNCIL FOR THE MERIT SYSTEM FOR COUNTY  
HEALTH SERVICES

Disposition: PERMANENT RECORD.

RECORDS OF THE ALABAMA STATEWIDE CANCER REGISTRY ADVISORY  
COUNCIL

Disposition: PERMANENT RECORD.

MEETING MINUTES OF THE STATE EMERGENCY MEDICAL SERVICES ADVISORY  
BOARD

Disposition: PERMANENT RECORD.

MEETING MINUTES OF THE STATE EMERGENCY MEDICAL CONTROL COMMITTEE

Disposition: PERMANENT RECORD.

MEETING MINUTES OF THE EMERGENCY MEDICAL SERVICES EDUCATION  
COMMISSION

Disposition: PERMANENT RECORD.

Recordings of Meetings

Disposition: Temporary Record. Retain until the official minutes are adopted and signed.  
(This retention applies to all of the department's meetings that are recorded.)

Records of the Emergency Medical Services Education Commission

Disposition: Temporary Record. Retain 5 years.

MEETING MINUTES OF THE BOARD OF CENSORS

Disposition: PERMANENT RECORD.

PROJECT FILES OF THE ALABAMA LEGACY FOR ENVIRONMENTAL RESEARCH

Disposition: PERMANENT RECORD.

Forms Review Committee Records

Disposition: Temporary Record. Retain through two changes of form.

Legal Case Files

Disposition: Temporary Record. Retain 6 years after the case is closed.

Investigation Files

Disposition: Temporary Record. Retain 3 years after the fiscal year in which the records were created.

Subpoenas

Disposition: Temporary Record. Retain 3 years after the fiscal year in which the records were created.

Records documenting the employee appeal to the Personnel Board of formal reprimands, demotions, transfers, or terminations.

Disposition: Temporary Record. Retain 3 years after the end of the fiscal year following decision of Personnel Board.

Records documenting Equal Employment Opportunity Commission (EEOC) complaints and lawsuits

Disposition: Temporary Record. Retain 5 years after final settlement.

#### LEGAL OPINIONS OF THE GENERAL COUNSEL

Disposition: PERMANENT RECORD.

Records documenting the implementation of the agency's RDA ( copies of transmittal forms to Archives or State Records Center, destruction notices, annual reports to ADAH)

Disposition: Temporary Record. Retain 3 years after the end of the fiscal year in which the records were created.

Copies of approved RDA

Disposition: Temporary Record. Retain 3 years after the end of the fiscal year in which the RDA was superseded.

#### ANNUAL REPORTS OF THE STATE BOARD OF HEALTH

Disposition: PERMANENT RECORD.

#### WORK ORDER REQUESTS

Disposition: PERMANENT RECORD.

Work Order Database

Disposition: Temporary Record. Retain 3 years.

Notes Database

Disposition: Temporary Record. Retain until obsolete.

Job Execution Reports

Disposition: Temporary Record. Retain 3 months.

Computer systems documentation (hardware/software manuals and diskettes, warranties, records of access/authorities, file naming conventions, Y2K records)

Disposition: Temporary Record. Retain documentation of former system 3 years after the end of the fiscal year in which the former hardware and software no longer exists anywhere in the agency.

Network Address Database

Disposition: Retain in office.

**Managing Finances:**

Records documenting the preparation of a budget request package and reporting of the status of funds, requesting amendments of allotments, and reporting program performance.

Disposition: Temporary Record. Retain 3 years after the end of the fiscal year in which the records were created.

Spending Plan Files

Disposition: Temporary Record. Retain 7 years.

Budget Allotment and Summary Reports

Disposition: Temporary Record. Retain 7 years.

County Health Department Budgeted Revenues and Actual Receipts Reports

Disposition: Temporary Record. Retain 3 years after the end of the fiscal year in which the records were created.

Records documenting the requisitioning and purchasing of supplies and equipment, receipting and invoicing for goods, and authorizing payment for products.

Disposition: Temporary Record. Retain 3 years after the end of the fiscal year in which the records were created.

Records of original entry or routine accounting transactions, such as journals, registers, and ledgers, and records of funds deposited outside the state treasury, including bank statements, deposit slips, cancelled checks, etc.

Disposition: Temporary Record. Retain 3 years after the end of the fiscal year in which the records were created.

Records documenting requests for authorization from supervisors to travel on official business and other related materials, such as travel reimbursement forms and itineraries.

Disposition: Temporary Record. Retain 3 years after the fiscal year in which the records were created.

Records documenting fund expenditures of the ALERT Fund

Disposition: Temporary Record. Retain 7 years.

Records documenting fund expenditures and balances of the Baldwin County Mammography Fund

Disposition: Temporary Record. Retain 7 years.

Comprehensive Diabetes Program Expenditure Records

Disposition: Temporary Record. Retain 7 years.

Records documenting payment of Board of Adjustment claims

Disposition: Temporary Record. Retain 5 years after settlement of claim.

Deposit Slips for Emergency Medical Technician License Fees

Disposition: Temporary Record. Retain 6 years.

Reconciliation Reports

Disposition: Temporary Record. Retain 4 years.

Fund Control and Status Reports

Disposition: Temporary Record. Retain 4 years.

Ledger Cards

Disposition: Temporary Record. Retain 7 years.

Periodic Financial Management Statements and Reports

Disposition: Temporary Record. Retain 3 years after the fiscal year in which the records were created.

Expenditure Transaction Registers

Disposition: Temporary Record. Retain 7 years.

Production, Cost and FTE Reports

Disposition: Temporary Record. Retain 5 years.

Revenue and Expense Summaries

Disposition: Temporary Record. Retain 5 years.

A-3 Reports

Disposition: Temporary Record. Retain 5 years.

Day Sheets and Recapitulation of Day Sheets

Disposition: Temporary Record. Retain 3 years after the fiscal year in which the records were created.

Public Health Service Billing Reports

Disposition: Temporary Record. Retain 3 years after the fiscal year in which the records were created.

State Laboratory Service Billing and Claim Reports and Incomplete Billing Reports

Disposition: Temporary Record. Retain 3 years after the fiscal year in which the records were created.

Immunization Service Billing Reports

Disposition: Temporary Record. Retain 3 years after the fiscal year in which the records were created..

Unpaid Claim Reports

Disposition: Temporary Record. Retain 3 years after the fiscal year in which the records were

created..

Encounter Error Rate Reports

Disposition: Temporary Record. Retain 3 years after the fiscal year in which the records were created..

Women, Infants, and Children (WIC) Financial Records (including receipts, registers, summary files, reconciliations, reports, vendor records)

Disposition: Temporary Record. Retain 7 years.

Home Health Service Financial Records (including records of billing, payments, accounts receivable, and reimbursement)

Disposition: Temporary Record. Retain 5 years or until settlement of any claims due, whichever is longer.

Medicaid Financial Records (including explanation of payment reports, accounts receivable reports, billing reports, and error reports)

Disposition: Temporary Record. Retain 3 years after the fiscal year in which the records were created..

Community Services Financial Records (including records of billing, payments, accounts receivable, cost reporting, and reimbursement)

Disposition: Temporary Record. Retain 5 years or until settlement of any claims due, whichever is longer.

Adjustment Bills, Secondary Payer Bills, and Credit Balance Reports

Disposition: Temporary Record. Retain 3 years after the fiscal year in which the records were created..

Waiver Program Billing Records

Disposition: Temporary Record. Retain 3 years after the fiscal year in which the records were created..

Medicare Cost Reports

Disposition: Temporary Record. Retain 5 years.

Records Documenting Issuance of County Health Department Construction Bond Issues

Disposition: Temporary Record. Retain 3 years after the fiscal year following the retirement of bonds.

PUBLIC HEALTH FINANCE AUTHORITY ADMINISTRATIVE FILES

Disposition: PERMANENT RECORD.

PUBLIC HEALTH CARE FINANCE AUTHORITY ADMINISTRATIVE FILES

Disposition: PERMANENT RECORD.



Records documenting the application for, award of, receipt of, disbursement of and reporting of expenditure of federal funds received through grants

Disposition: Temporary Record. Retain 6 years after submission of the final expenditure report.

Records documenting the purchase of nonexpendable property/equipment with federal funds

Disposition: Temporary Record. Retain 3 years after the end of the fiscal year after the final disposition of property.

**Auditing:**

Agency Audit Reports (audits conducted by Examiners of Public Accounts)

Disposition: Temporary Record. Retain 6 years after the fiscal year in which the records were created..

Audit Standards Manuals

Disposition: Temporary Record. Retain current copy.

County Administrative, Family Health Service (FHS), and Home Health (HH) Audit Records

Disposition: Temporary Record. Retain until completion of agency audit and the release of the audit report.

County Administrative, private agency WIC contractors audit file/reports

Disposition: Temporary Record. Retain until completion of agency audit and the release of the audit report. (Added April, 2000)

County Administrative, private agency Family Planning contractors audit files/reports

Disposition: Temporary Record. Retain until completion of agency audit and the release of the audit report. (Added April, 2000)

Statewide and Area Audit Reports Results

Disposition: Temporary Record. Retain 3 years after the fiscal year in which the records were created.

Imprest Bank Account Reconciliations and Other Bank Account Reports

Disposition: Temporary Record. Retain 3 years after the fiscal year in which the records were created.

County and Area Permanent Files

Disposition: Temporary Record. Retain for useful life.

Records documenting requests for authorization from supervisors to travel on official business and other related materials, such as travel reimbursement forms and itineraries.

Disposition: Temporary Record. Retain 3 years after the fiscal year in which the records were created.

Records documenting contracts for services or personal property.

Disposition: Temporary Record. Retain 6 years after expiration of the contract.

Records documenting the bid process, including requests for proposals and unsuccessful responses.

Disposition: Temporary Record. Retain in office (Code of Alabama 1975, Section 41-16-24)

**Managing Human Resources:**

Job Recruitment Materials

Disposition: Temporary Record. Retain 3 years after the end of the fiscal year in which the records were created.

National Health Service Corps Recruitment Cycle Files

Disposition: Temporary Record. Retain 3 years after the end of the fiscal year in which the records were created.

Community Scholarship Program Files

Disposition: Temporary Record. Retain 3 years after the end of the fiscal year in which the records were created.

Medically Under-served Area and Health Professional Shortage Area Designation Records

Disposition: Temporary Record. Retain 6 years after the end of the fiscal year in which the records were created.

J-1 and State 20 Waiver Applications

Disposition: Temporary Record. Retain 3 years after separation of employee from the agency.

J-1 Curriculum Vitae

Disposition: Temporary Record. Retain until end of year after graduation.

J-1 PROGRAM MANAGEMENT FILES

Disposition: PERMANENT RECORD.

Position Classification Files

Disposition: Temporary Record. Retain 4 years after position is reclassified.

Application Materials (including, for local, rejected applications)

Disposition: Temporary Record. Retain 1 year.

Records documenting payroll (e.g. pre-payroll reports, payroll check registers)

Disposition: Temporary Record. Retain 3 years after the end of the fiscal year in which the records were created

Records documenting employees' daily and weekly work schedules

Disposition: Temporary Record. Retain 3 years after the end of the fiscal year in which the records were created.

Records documenting an employee's hours worked, leave earned, and leave taken (including time sheets)

Disposition: Temporary Record. Retain 3 years after the end of the fiscal year in which the records were created.

Cost Accounting Time Studies

Disposition: Temporary Record. Retain 3 years after the end of the fiscal year in which the records were created.

Daily Cost Accounting Worksheets

Disposition: Temporary Record. Retain 3 years after the end of the fiscal year in which the records were created.

Records documenting annual cumulative leave statements.

Disposition: Temporary Record. Place in employee's personnel file for retention.

Records documenting final leave status (cumulative leave)

Disposition: Temporary Record. Retain 6 years after separation of the employee from the agency.

Comp Time Records

Disposition: Temporary Record. Retain 3 years after the end of the fiscal year in which the records were created..

Raises Granted/Denied Listings

Disposition: Temporary Record. Retain 1 year.

Records documenting payroll deductions for tax purposes (including Form 941)

Disposition: Temporary Record. Retain 3 years after end of year in which the records were created.

Records documenting the administration of the unemployment compensation program

Disposition: Temporary Record. Retain 5 years after creation.

State Employees Injury Compensation Trust Fund Files

Disposition: Temporary Record. Retain 6 years after separation of the employee from the agency.

Records documenting sick leave donations

Disposition: Temporary Record. Retain 3 years after the end of the fiscal year in which the records were created

Records documenting an employee's work history, generally maintained as a case file

Disposition: Temporary Record. Retain 6 years after separation of the employee from the agency.

Records documenting the employee appeal to the Personnel Board of formal reprimands, demotions, transfers, or terminations

Disposition: Temporary Record. Retain 5 years.

NATIONAL HEALTH SERVICE CORPS PERSONNEL FILES

Disposition: PERMANENT RECORD.

Exit Interview Questionnaires

Disposition: Temporary Record. Retain 6 years.

Immigration Reform and Control Act Records

Disposition: Temporary Record. Retain 3 years from date employee is hired or 1 year after termination of employment, whichever is later.

EEOC Work Force Analyses

Disposition: Temporary Record. Retain 5 years.

Investigation Reports from Complaints

Disposition: Temporary Record. Retain 5 years.

Performance Appraisals Due Reports

Disposition: Temporary Record. Retain until appraisals completed.

List of Probationary Employees: Preliminary and Final

Disposition: Temporary Record. Retain 3 months.

List of Probationary Final Ratings

Disposition: Temporary Record. Retain 1 month.

Employee Medical Files

Disposition: Temporary Record. Retain for 30 years after separation of employee from the agency.

Employee Hepatitis B Immunization Records

Disposition: Temporary Record. Retain 30 years after separation of employee from the agency.

Employee Blood/Body Fluid Exposure Reports

Disposition: Temporary Record. Retain 30 years after separation of employee from the agency.

Fellowship Program Files

Disposition: Temporary Record. Retain 3 years after the end of the fiscal year in which the records were created..

HHSC Fellowship Progress Reports and Provider Placement Records

Disposition: Temporary Record. Retain 5 years.

#### EMPLOYEE TRAINING AUDIO/VIDEO PRESENTATIONS

Materials that **are not** produced by the Department of Public Health

Disposition: Temporary Record. Retain until obsolete.

Materials that **are** produced by the Department of Public Health

Disposition: ALLOW ADAH TO REVIEW BEFORE DESTRUCTION FOR  
PERMANENT MATERIALS.

STAFF DEVELOPMENT PROGRAM FILES

Disposition: PERMANENT RECORD.

Public Health Nurse Orientation Program Files

Disposition: Temporary Record. Retain for useful life.

Continuing Education Program Review and Approval Files

Disposition: Temporary Record. Retain 6 years.

Training Plan Files

Disposition: Temporary Record. Retain for useful life.

Training Program Registration Sheets

Disposition: Temporary Record. Retain 1 year.

New Employee Statewide Fee and Supply System Test Files

Disposition: Temporary Record. Retain 3 years after the end of the fiscal year in which the records were created.

**Managing Properties, Facilities, and Resources:**

Semiannual Inventory Lists

Disposition: Retain in office (Code of Alabama 1975, Section 36-16-8[1]).

Basement and Equipment Inventories

Disposition: Temporary Record. Retain list of removed items 3 years.

Real Property Leasing/Renting Records

Disposition: Temporary Record. Retain for 6 years after the termination of the lease or rental agreement.

Licensed Health Care Facility Construction Project Files

Disposition: Retain 7 years after completion of project.

Architectural and Engineering Plans and Specifications for County Health Department and Licensed Health Care Facility Construction Projects

Disposition: Architectural Plans (Face Sheet, Plot Plan, Floor Plan, Wall Section Plan, Life Safety Code Plan) Temporary Record. Retain 5 years after completion of project. Other project specifications: Temporary Record. Retain 4 years after completion of project.

County Health Department Facility Improvement Surveys

Disposition: Temporary Record. Retain 4 years after completion of project.

County Health Department Facility Improvement Project Files

Disposition: Temporary Record. Retain 5 years after completion of project.

Housekeeping Records

Disposition: Temporary Record. Retain 3 years after the end of the fiscal year in which the records were created.

Records documenting telephone systems

Disposition: Temporary Record. Retain 3 years after the end of the fiscal year in which the records were created.

Emergency Contact Listings

Disposition: Temporary Record. Retain current listing.

Vehicle and Equipment Maintenance Files

Disposition: Temporary Record. Retain 3 years after the end of the fiscal year in which the property is sold or replaced.

## **Requirement and Recommendations for Implementing the Records Disposition Authority**

Under the Code of Alabama 1975, Section 41-13-21, “no state officer or agency head shall cause any state record to be destroyed or otherwise disposed of without first obtaining approval of the State Records Commission.” This Records Disposition Authority constitutes authorization by the State Records Commission for the disposition of the records of the Department of Public Health (hereafter referred to as the agency) as stipulated in this document.

One condition of this authorization is that the agency submit an annual Records Disposition Authority (RDA) Implementation Report on agency records management activities, including documentation of records destruction, to the State Records Commission in April of each year. In addition, the agency should make every effort to establish and maintain a quality record-keeping program through the following activities:

- The agency should designate a records liaison, who is responsible for: ensuring the development of quality record keeping systems that meet the business and legal needs of the agency, coordinating the transfer and destruction of records, ensuring that permanent records held on alternative storage media (such as microforms and digital imaging systems) are maintained in compliance with national and state standards, and ensuring the regular implementation of the agency’s approved RDA.
- Permanent records in the agency’s custody should be maintained under proper intellectual control and in an environment that will ensure their physical order and preservation.
- Destruction of temporary records, as authorized in this RDA, should occur agency-wide on a regular basis--for example, after the successful completion of an audit, at the end of an administration, or at the end of a fiscal year. Despite the RDA’s provisions, no record should be destroyed that is necessary to comply with requirements of the state Sunset Act, audit requirements, or any legal notice or subpoena.
- The agency should maintain full documentation of any computerized record-keeping system it employs. It should develop procedures for: (1) backing up all permanent records held in electronic format; (2) storing a back-up copy off-site; and (3) migrating all permanent records when the system is upgraded or replaced. If the agency chooses to maintain permanent records solely in electronic format, it is committed to funding any system upgrades and migration strategies necessary to ensure the records’ permanent preservation and accessibility.
- The staff of the State Records Commission or the Examiners of Public Accounts may examine the condition of the permanent records maintained in the custody of the agency and inspect records destruction documentation. Government Records Division archivists are available to instruct the agency staff in RDA implementation and otherwise assist the agency in implementing its records management program.



The State Records Commission adopted this records disposition authority on July 22, 2003.

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Edwin C. Bridges, Chairman  
State Records Commission

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Date

Receipt Acknowledged:

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Donald E. Williamson, M.D.  
State Health Officer  
Department of Public Health

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Date